Kip's White Dog Inn LLC Boarding Intake/Liability Form for (name/breed): ____

| (one form per dog) | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Owner's F/L Name (include spouse): | | | | | | | | |
| Address: | | | | | | | | |
| Primary Cell Number (include name): | | | | | | | | |
| Secondary Cell Number (include name): | | | | | | | | |
| Email (s): | | | | | | | | |
| #1 Emergency Contact Name/Relationship/Cell #: | | | | | | | | |
| #2 Emergency Contact Name/Relationship/Cell #: | | | | | | | | |
| Primary Veterinarian (list clinic name/city, doctor name and phone #): | | | | | | | | |
| | | | | | | | | |
| • Does your pet have any known food allergies? Y N | | | | | | | | |
| Is your pet allowed to have treats provided by the White Dog Inn staff? Y N Does your pet resource guard food, bowls or desirable treats? Y N If more than one pet is kenneled together, do your pets need to be fed separately? Y N N/A Does your pet have any known health concerns, physical limitations/restrictions? Y N | | | | | | | | |

MEDICATION INSTRUCTIONS

Please list any current prescribed medications you will bring for your pet and the dose, frequency, and time given. Prescribed medications should be in it's original packaging/bottle. Please also include how best to give your pet these medications (i.e., pill pocket, in wet food, etc.).

*Note that any supplements can also be administered. The owner can provide details in written form for staff at drop off.

GENERAL BEHAVIOR & TRAINING

| Please ch | eck any of the fo | ollowing beha | viors that apply to | your dog: | Separati | on anxiety _ | Destructive chewing (i.e., | | |
|------------|-------------------|----------------|----------------------|-----------------|-----------------|---------------|----------------------------|--------------|---------------|
| bedding)_ | Collar | shy 7 | Foy/food possessiv | e (also called | resource guar | ding) | _ Fear aggressive _ | Copre | ophagia (eats |
| stool) | Digs unde | r fences | Jumps fences | Fear | of thunder/lou | d noises | Mounts other | r dogs | Sensitive to |
| touch | Fear of me | en Fe | ar of women | Mouthin | ess | | | | |
| Are there | any other behav | viors or behav | ioral concerns that | we need to k | now about to b | est provide a | a safe and secure er | vironment fo | r your dog? |
| If your do | og has had any b | asic obedienc | e training, or there | are command | ls frequently u | sed with you | r dog, please check | the comman | ds your dog |
| knows: | Sit | Down | Wait | _ Stay | Come | Off | Enough | Outside _ | Inside |
| | Go potty | Settle | Back | _ Leave it | | | | | |
| Please lis | t any other com | mands or hanc | l signals you would | d like us to us | e while your d | og is here: | | | |

VACCINATIONS & PARASITE PREVENTION

All clients must be current on required vaccinations prior to the start of the boarding stay. We require medical records with proof of vaccinations emailed to the White Dog Inn (kipswhitedoginn@gmail.com). NOTE that vaccinations can NOT expire while your pet is in our care. To prevent the spread of internal parasites, all pets are required to have proof from a veterinarian of a **negative fecal within the last 12 months**. We recommend having your vaccinations and fecal results emailed to us within 1 week of reservation.

Required vaccinations for boarding: Rabies, Distemper, Bordetella/Kennel Cough plus negative fecal test with results sent to WDI. Initial

EMERGENCY CHARGES

In the event that there is a medical concern with your pet, the owner will be contacted immediately. If we are unable to reach you, your emergency numbers will be contacted. If no one is accessible, Kip's White Dog Inn will make a decision in the best interest of your pet for the needed veterinary care or emergency care. If your animal is a senior animal and you wish to not provide life-saving measures, your wishes need to be expressed to the owner of the White Dog Inn **prior** to your reservation. All medical fees associated with your pet's care will be the responsibility of the owner. If a credit card is not on file at your veterinarian, you will be responsible for reimbursing the White Dog Inn before you pick up your pet. Initial ______

CANCELLATION POLICY

A reservation is required for all stays. Cancellation under a 48 hour notice or under a 7 day notice for all major holidays (including Spring Break) will be subject to a **cancellation fee of 50% of your total reservation**. A no-show on a confirmed reservation will result in a **cancellation fee that reflects 100% of your total boarding reservation**. Once a boarding reservation has started (or you are within 48 hours of the start of a secured reservation) you will be charged for the entire dates reserved even if you pick up early. Be securing a written reservation (text or email) you are agreeing to the cancellation policy noted on our website & within this document. Initial

DAMAGE POLICY

Each owner is responsible for all damages that your animal incurs at our facility/home. A minimum charge of \$50 will be added to your bill for any damage to Kuranda beds, fencing, gates, turf, furniture, excessive digging or other items that your dog/cat would destruct. \$50 is the minimum charge and if deemed excessive, the fee may be higher. Be securing a written reservation (text or email) you are agreeing to the damage policy noted on our website & within this document. Initial ______

SOCIAL TIME/PLAY GROUPS

Play groups are offered throughout the day for dogs boarding with us. Playgroups are monitored at all times by staff and are **held at the staff's discretion**. If a dog is not a good candidate for group play, they will be given one-on-one playtime and bathroom breaks with a staff throughout their stay. If for any reason, you would like your dog to not be a part of playgroups, we will gladly accommodate your wishes. Please indicate your preferred choice below with your initials:

______Please include my dog in the play groups **at your discretion**. I release Kip's White Dog Inn LLC from liability for any injuries that may occur as a result of dog interaction and play. **If my pet inflicts injury to another pet, I fully accept responsibility for the veterinary expenses of the injured pet.**

_____ Please DO NOT include my dog in playgroups.

LIABILITY / RELEASE STATEMENT

I am the legal owner of the above-mentioned pet _______. I certify that the information provided in this form is accurate to the best of my knowledge, and I have not withheld any information regarding our pets' health or behavior that could endanger our pet, other pets or staff at the White Dog Inn. Should any of this information change before a future boarding stay, I will notify Kip's White Dog Inn LLC via email or by filling out a new boarding form. Initial______

I understand that there are inherent risks to bringing my pet(s) to a boarding facility. I agree that Kip's White Dog Inn LLC will not be liable for any claims of injury, illness, damage, or death to my pet during its stay and that under no circumstances will Kip's White Dog Inn LLC be liable for consequential damages. I agree that I am responsible for any harm caused by my pet while in the care of Kip's White Dog Inn LLC. I shall indemnify Kip's White Dog Inn LLC against any claims made against it or for losses or damages suffered by Kip's White Dog Inn LLC as a result of my pet. I understand that I will be responsible for any and all costs (medical or damage) incurred during this and any future boarding stays. Initial______

Signature

Date